

**APPLICATION FOR AN  
INDIVIDUAL COMMERCIAL APPLICATOR LICENSE**

Issued Under the authority of Act 389 of 1975,  
Pesticide Use and Application Act  
For the Year Ending December 31, 20\_\_

**INSTRUCTIONS:** Complete and submit with appropriate fees to the Arkansas State Plant Board, Pesticide Division, P.O. Box 1069, Little Rock, Arkansas 72203. Upon approval, your license will be issued for the year indicated. Incomplete application will delay processing. **PRINT OR TYPE ONLY.**

**PERSON APPLYING**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_

FAA Pilot's Authorization Number \_\_\_\_\_ (Required if applying for pilot's authorization)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax # ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail address \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ (Opt)

Indicate category(s) applied for (must be currently certified in each category indicated):

- |  |   |
|--|---|
| <input type="checkbox"/> (1) Agricultural -Plants    | <input type="checkbox"/> (3) Aquatic                    |
| <input type="checkbox"/> (1A) Agricultural - Animals | <input type="checkbox"/> (4) Right- of Way              |
| <input type="checkbox"/> (2) Forest Pest Control     | <input type="checkbox"/> (5) Demonstration and Research |
| <input type="checkbox"/> (2A) Wood Treatment         | <input type="checkbox"/> (6) Public Health              |

Category Certifications .....	\$35.00 Each	\$ _____
Commercial Pilot Authorization (aerial applicators only).....	\$35.00	\$ _____
Custom Pilot's Authorization (must have passed test)(aerial applicators only) .....	\$35.00	\$ _____
	Total Enclosed	\$ _____

List the licensed firm(s) that you plan on working for during the year ending December 31, 20\_\_

\_\_\_\_\_  
\_\_\_\_\_

I do hereby attest that I have read and am familiar with the Pesticide Use and Application Act and the Regulations adopted thereunder.

Applicant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Person Applying Only)

**This application is considered incomplete unless the second page (Required Confidential Information Form) is completed.**

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**DO NOT WRITE IN THIS SPACE**

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date of Issuance

**Required Confidential Information Form**

Pesticide Division

Instructions: Please print clearly. This information is confidential and required by Act 1163 of 1997.  
The name below should appear the same as on the license application form.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Do not write below this line**

**For Plant Board Use Only**

Type of License(s) Issued	License Number
Private Applicator License ..... <input type="checkbox"/>	_____
Commercial Individual License ..... <input type="checkbox"/>	_____
Custom OIC Authorization Permit..... <input type="checkbox"/>	_____
Custom Pilot's Authorization Permit..... <input type="checkbox"/>	_____
Non-Commercial License ..... <input type="checkbox"/>	_____
Ginseng Dealer License ..... <input type="checkbox"/>	_____
Ginseng Man License ..... <input type="checkbox"/>	_____
Landscape Contractors License..... <input type="checkbox"/>	_____
Pest Control License ..... <input type="checkbox"/>	_____
Ag Consultants License ..... <input type="checkbox"/>	_____
Seed Dealers License ..... <input type="checkbox"/>	_____
Seed Treaters License ..... <input type="checkbox"/>	_____
Registered Seed Technologists License ..... <input type="checkbox"/>	_____
Other ..... <input type="checkbox"/>	_____

During the Arkansas General Assembly legislators passed Act 1163 of 1997. This Act mandates that on and after July 1, 1997, all persons, boards, commissions, or other licensing entities issuing any occupational, professional or business license or marriage licenses will record the name, address and social security number of each person applying for such licenses on the license application, or on the license if no application is required. The Arkansas State Plant Board is required to submit this information to the Office of Child Support Enforcement.